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PUBLIC HEALTH DEPT.,
LONDON SCHOOL OF HYGIENE AND TROPICAL MEDICINE,
KEPPEL STREET, GOWER STREET, LONDON, W.O.1.

THE HEALTH of NORTHAMPTONSHIRE in 1962

PART II

**Report of the
Principal School
Medical Officer**





VISIT FROM A FRIEND — THE SCHOOL NURSE

NORTHAMPTONSHIRE COUNTY COUNCIL
EDUCATION COMMITTEE

SCHOOL HEALTH SERVICE

ANNUAL REPORT
1962

Principal School Medical Officer:

J. J. A. REID

T.D., M.D., Ch.B., B.Sc., D.P.H.

THE SCHOOL HEALTH DEPARTMENT,
GUILDHALL ROAD,
NORTHAMPTON.

March, 1963.

TO THE MEMBERS OF THE NORTHAMPTONSHIRE EDUCATION COMMITTEE

I have the honour to present the fifty-fifth Annual Report on the health of Northamptonshire schoolchildren.

This year the Report appears in a new form. My post carries the dual responsibility of County Medical Officer of Health and of Principal School Medical Officer. Health, on the other hand, is indivisible and the new type of Report is meant to reflect this fact. Up to the age of five, the protection of health is the responsibility of the Health Department; from five to school leaving age this responsibility passes to the Education Department, although certain matters still remain in the hands of the Health Department; and on leaving school the entire responsibility reverts to the Health Department. Ideally, I would like to produce one Report dealing with the health of Northamptonshire but this is difficult, because the two committees to which I am responsible require to receive their Reports at different times, and this year I am accordingly publishing my Report, entitled "The Health of Northamptonshire in 1962", in two parts. This part, the Report of the Principal School Medical Officer, will be comparatively brief, covering the information required by the Ministry of Education and commenting on various health matters which concern only the schoolchild. Part I, which is my Report as County Medical Officer of Health, will be presented later in the year and should be read in conjunction with Part II, as it will include comments on various subjects which impinge on schoolchildren as well as on other members of the community.

This Report is otherwise in customary form and has been largely prepared by the Deputy Principal School Medical Officer. It also contains remarks by individual school medical officers, as well as the reports of the Principal Dental Officer and the consultant psychiatrist to the child guidance service.

During the year the work of the school health service has continued on its traditional lines. Unfortunately there has been a drop of 2,168 in the total number of children seen at medical inspection. This has been due to staffing difficulties coupled with the fact that increasing demands from the maternal and child welfare side have reduced the number of sessions available for school work. One notable change in school nursing was the abolition of routine cleanliness inspections. In a county such as Northamptonshire, the problem of infestation is not now serious and it has been found possible to achieve adequate control by selective examinations. One consequence of this has been that health visitors have more time in which to undertake health education amongst schoolchildren. Some of this work is described in the text of my Report and its value cannot be over-emphasised, as sound health-teaching in school can bring dividends throughout life.

By the time the Report for 1963 comes to be prepared, I hope that it will have been possible to introduce various modifications in the organisation and work of the school health service, for I believe this to be necessary if it is to meet the needs of the second half of the twentieth century,

when the former problems of malnutrition and gross physical disease have largely gone, thanks in some small measure to the work of preventive medicine, to be replaced by other more subtle but equally important problems. A report on how such re-organisation might be achieved will, in due course, be presented to the Education Committee. I am only sorry it was not possible to do so before the end of 1962, but extensive staff changes, plus very heavy commitments in relation to the county's Ten Year Plan for developing its health services, completely precluded me from giving attention to the re-organisation of the school health service.

As far as 1962 is concerned, I would like to pay tribute to the staff of my department for having maintained the work of the service throughout the year.

I have the honour to be,

Your obedient servant,

J. J. A. REID,

Principal School Medical Officer.

SCHOOL MEDICAL INSPECTIONS

1. Introduction

The health of schoolchildren in Northamptonshire remains generally excellent, and at medical inspections only a very small number were considered to be in unsatisfactory physical condition. There were defects, of course, but these consisted mainly of eye, throat and orthopaedic conditions of a minor nature. It is, however, surprising to find so many defects requiring treatment which were apparently unsuspected by parents prior to inspection.

The continuing change in the pattern of health problems confronting school doctors is altering the emphasis of their work, and it is interesting to note in their reports the modern challenges with which they have to cope.

Dr. P. X. Bermingham remarks that, while the physical condition of the children is usually good, there are problems of mental health concerning a minority. He considers that maladjustment and behaviour difficulties are increasingly prevalent and wishes that more time could be devoted to these children and their parents. He concludes: "The child's reaction to home and school environment requires closer observation and when any signs of abnormal reaction are seen, a full investigation is required. Otherwise we have, as is often encountered today, children going in on themselves, failing to enjoy their childhood at home and in school with the probability of being unable to fit into life when they leave school and ending up a social problem in the community later on."

Dr. Jean Croll notes the continuing large-scale consumption of sweets, lollipops and similar products by all children, accompanied in many cases by refusal to eat fresh vegetables. As far as older girls are concerned, she finds that too many wear ill-fitting shoes which are often quite unsuitable for winter weather. It is difficult to persuade children of the importance of satisfactory shoes when the shops are full of unsatisfactory styles.

Dr. Joan M. St. V. Dawkins is concerned about the modern tendency towards obesity in children of all age groups. Despite advice on diet, some mothers do not appreciate the dangers of obesity although, with patient encouragement, some success has been achieved. Once again adverse comments are made about unsuitable shoes and the foot defects which these cause. Dr. Dawkins remarks that, in the past, Chinese women bound their feet because of custom and ignorance, whereas today western women are crippling their feet voluntarily. She makes a plea for the fashion designer to be less irresponsible and to pay more attention to health and comfort and less to whimsy, as shoes can be both elegant and anatomically suitable.

Dr. Dawkins also remarks upon school leavers who have little idea of what they are to do as far as employment is concerned. On asking them about this, "some replies give cause for rueful reflection and seem to be concerned most with security and conformity. A number have no idea what they want. Has the welfare state sapped the adventurous spirit? During the year not one school leaver has expressed the desire to travel, live abroad or be an actress!"

Dr. J. V. L. Farquhar once again makes reference to overweight schoolchildren and also pays tribute to the excellent liaison with general medical and dental practitioners.

Dr. Muriel Goodchild, after similarly referring to the overweight child, also comments on the need for more health education in foot care for teenagers.

Dr. A. Lucas comments on the need for the continuing health education of senior pupils to emphasise the importance of teeth cleaning and of a satisfactory diet from the dental point of view. He considers that chocolate and sweets should be replaced by fruit in schools as a step towards obtaining better dental health and helping to prevent obesity. Like Dr. Dawkins, he notes that many school leavers had no idea about their future employment and he also remarks that too many children of eleven or twelve years of age are seen smoking on their way home from school.

Dr. F. R. N. Lynch agrees with his colleagues as far as obesity is concerned and on the subject of dental caries, expresses the hope the fluoridation of drinking water will be implemented as a step towards reducing this. As far as foot defects are concerned, Dr. Lynch considers that these occur in boys as well as girls and feels that this will continue to be the state of affairs as long as schoolchildren are allowed to wear ridiculously pointed shoes by mistakenly indulgent parents.

2. Schools

The number of schools in the Authority's area at 31st December, 1962 was :

Primary	235
Secondary Technical	1
Secondary Grammar	9
Secondary Modern	31
Nursery Schools	2
Special Schools	4
	<hr/>
	282
	<hr/>

The total number of pupils on the registers at end of year was : **45,929**

3. Medical examinations

The pattern of defects found among the routine examinations for which treatment was needed is indicated in the table below :

<i>Defect</i>	<i>No. of defects requiring treatment (12,026 pupils examined)</i>	<i>Rate of defects ascertained per 1,000 children examined</i>		
		1962	1961	1960
Skin	85	7.06	7.75	4.4
Vision	602	50.06	40.16	50.8
Squint	46	3.82	3.35	4.04
Otitis Media	13	1.08	0.55	0.7
Heart and Circulation	16	1.33	1.05	1.3
Nose and Throat	137	11.31	9.7	17.8
Lungs	24	1.99	2.09	2.5
Hernia	13	1.08	0.77	1.1
Posture	45	3.74	1.47	2.0
Flat Feet	102	8.48	5.23	8.7

HEALTH EDUCATION IN SCHOOLS

First, catch your audience—surely a golden rule in Health Education ! It is certainly one which illustrates clearly the importance of developing the teaching of health in schools, for where else can one obtain such an impressionable, eager, worth-while audience as captive as school-children ?

It is, therefore, encouraging to note a definite increase in interest in this important aspect of preventive medicine. Although the requests for organised courses during the year were rather sporadic, there was, towards its close, an increase which justifies an optimism for the future. A few secondary schools have already asked for the help of the school doctors and health visitors in giving talks on health, and a comprehensive syllabus entitled “ Growing Up ” has been completed. One of the health visitors who has had a weekly class of girls reports that the talks have proved most successful ; the girls are attentive, many questions are asked and discussion flows freely.

There are several major public health problems which will have to be tackled through the medium of health education. One of these which received considerable publicity during the year was the relationship of cigarette smoking to a variety of diseases, including lung cancer. It was decided to plan ahead for a campaign aimed at persuading schoolchildren not to smoke, and a one-day conference for head teachers and their representatives was held at Knuston Hall. A programme of lectures, films and discussion groups covered various aspects of the problem and provided much useful guidance for a campaign planned for the spring of 1963.

One of the most fruitful ways of imparting health education is by regular informal contact between the school health visitor and the staff and children (see frontispiece). As progress in the prevention of illness increasingly relies on the personal choice of individuals, such friendly relationships offer a sound opportunity for example and guidance.

HANDICAPPED PUPILS

Educationally Sub-normal. Eighty-nine children were examined following reports from head teachers and school doctors of failure to maintain progress in school.

The following recommendations were made by the medical officers :

Admission to a day or boarding special school	59
Report to the Local Health Authority as unsuitable for education at school (Education Act, 1944, Section 57)	8

At the end of the year 225 children had been ascertained and were awaiting admission to day or boarding schools for educationally sub-normal pupils. Of this number, the parents had refused the offer of places in 46 cases. One hundred and eighty-five children were receiving education in special day or boarding schools.

Blind. One pupil was admitted to a special school. The Committee has, at present, six pupils in special schools for the blind.

Partially Sighted. One pupil was reported and two were admitted to boarding special schools. Fifteen partially sighted pupils are now being educated in such schools.

Deaf. At the end of the year 12 pupils were in boarding schools. One further child was ascertained and entered on the waiting list for subsequent admission.

Partially Hearing. Four pupils were placed in special schools and six pupils are now receiving boarding education under this category.

Physically Handicapped. Ten children were ascertained and nine were admitted to special schools. At the end of this year 31 physically handicapped pupils were receiving special educational treatment, including 21 at Kingsley Special School.

Delicate. Ten pupils were reported and nine were admitted to special schools. At the end of the year 29 pupils were in special schools, 22 of them in the Physically Handicapped Department of Kingsley Special School.

Maladjusted. Twenty-seven pupils were assessed as needing educational treatment at special schools or in boarding homes, and 18 were placed during the year. At 31st December, 24 children were in hostels and 13 in boarding special schools.

Epileptic. Two children were found to be suffering from epilepsy and admitted to boarding special schools during the year.

Speech Defects. One boy is a pupil at Moor House School, Oxted, and a girl is on the waiting list for admission when a vacancy occurs.

INFECTIOUS DISEASES

The procedure of exclusion from school of pupils, teachers, school meals and other staff who are suffering from an infectious illness or who are contacts, accord with the recommendations laid down by the Ministry of Education.

The practice of reporting all cases to my department was modified to cover five diseases only, namely diphtheria, poliomyelitis, dysentery, infective hepatitis and German measles, as it was not considered necessary that isolated cases of common complaints such as whooping-cough and mumps called for any special administrative measures. In a circular issued to all schools in May, the revised procedure was outlined, and at the same time head teachers were invited to seek advice on any outbreak at school irrespective of the type of disease. With regard to German measles, the opportunity was taken of drawing attention to the fact that there was a danger from this disease for non-immune mothers in the first twelve weeks of pregnancy, and asking that all cases among pupils should be reported. This enables the district midwives to follow them up, so that steps can be taken to protect any mother known to be at risk. In all, some 340 notifications of this disease, involving over 1,000 children, were reported.

Tuberculosis. Nine cases of respiratory tuberculosis and one of non-respiratory tuberculosis were notified. All the children were at separate schools, and their ages ranged from five to fourteen years. At one school where a girl was found to have respiratory tuberculosis following a positive reaction to a tuberculin test, 30 members of the staff and 34 scholars who were her immediate contacts had chest X-ray examinations. None had tuberculosis.

B.C.G. Vaccination. Consent for Heaf testing and vaccination were obtained for 4,508 children, an acceptance rate of 95%. Eight hundred and sixty-eight children or 21.2% were positive. The number of children vaccinated was 3,231, of whom 66 attended independent schools, and a total of 110 sessions were held by medical officers.

Positive reactors to the tuberculin test were offered chest X-ray examinations as recommended by the Tuberculosis Vaccines Clinical Trials Committee of the Medical Research Council. Of 1,217 children examined at the No. 1 Unit of the Oxford Regional Hospital Board Mass Radiography Service, eight were referred to the Chest Clinic with the following results :

	<i>M</i>	<i>F</i>
Pulmonary tuberculosis (newly discovered) requiring treatment	—	1
Pulmonary tuberculosis requiring occasional supervision	1	1
Bronchiectasis	1	—
Normal	2	2

MEDICAL EXAMINATION OF TEACHERS

The medical staff examined 205 candidates for admission to teachers' training colleges and to the teaching profession. One entrant to the profession was classified as medically unfit to teach.

MEDICAL EXAMINATION OF CHILDREN IN PART-TIME EMPLOYMENT

Three hundred and nine children who were in part-time employment were examined by the school medical officers. In no case was it considered that such employment would be prejudicial to health.

PERSONAL CLEANLINESS

In February the Medical Inspection and Treatment Committee agreed to a recommendation that the routine examination of the person and clothing of all pupils should be discontinued. It is left to the discretion of the school nurses to make such visits as and when they think it desirable in the light of past experience, whilst head teachers have been informed that should they be concerned about any particular pupil they may get in touch with the nurse to request a visit. It is interesting to note that, whereas over the previous three years an average of 289 cases were found as a result of an average of 65,253 individual examinations, under the revised procedure 281 cases were found following only 23,774 examinations.

DEFECTIVE VISION

The services of the ophthalmologists made available by the Oxford Regional Hospital Board for the refraction of children's eyes resulted in a total of 2,624 examinations or re-examinations. A total of 1,266 pairs of spectacles were prescribed.

The number of cases awaiting re-examination at certain centres continues to cause concern and the matter is being kept under review. It is an unfortunate fact, probably inherent in such a service in a partly rural community, that a number of parents failed to keep appointments with their children at school eye clinics, thus meaning that the valuable time of the ophthalmologists was wasted. Reorganisation of the service, which is to be put into operation early in 1963, should bring about an improvement in this direction.

The orthoptist to the Kettering Hospital Management Committee attends the school eye clinics at Corby and Rushden, and attendances at her orthoptic clinics were made by 3,457 children from the Corby, Kettering and Rushden areas.

Colour Vision Testing. At the request of head teachers or parents the school nurses carried out 1,584 colour vision tests at school leaver examinations. One hundred and sixteen of these pupils were referred to the school doctors who confirmed some degree of colour blindness.

CORBY ENURESIS CLINIC

The enuresis clinic in Corby appears to have met a need, and there has been a steady increase in attendance throughout the year. Altogether 41 new children were seen, and 46 return visits were paid.

Each child was given a thorough physical examination and at least two urine specimens were tested, this work being kindly undertaken by the technician at the Corby Diagnostic Centre. At the first attendance, the problem was discussed extensively with parent and child and leaflets were issued to back the advice and guidance given. If the enuresis continued, a bell and pad were lent. Nineteen children were lent bells, and eight were still on loan at the end of the year. The health visitor in the clinic showed great efficiency in teaching the use of these bells.

The results obtained were on the whole encouraging. Nine children were cured, seven by the use of the bell and the other two by advice and general support. One child was referred to the child guidance clinic. An attempt was made to treat one educationally sub-normal pupil who was attending a boarding special school, and although some success was achieved during the summer holidays, she relapsed immediately on returning to school.

The work of the clinic can be summarised as follows :

New cases seen	41
Re-visits to the clinic	46
Number of pupils who had use of alarm bell	19
Alarms still on loan on 31st December	8
Number cured :	
(a) following use of alarm bell	7
(b) without recourse to bell	2
Referred to Child Guidance Clinic	1
Number under treatment at end of year	11
Number on waiting list	20

MOBILE CLINIC

Towards the end of the year a new mobile health clinic came into operation in the rural areas of the county. A description of this is given in Part I of "The Health of Northamptonshire in 1962". It provides better conditions for medical work, particularly in small rural schools, and members of the staff have commented favourably on the benefits of its facilities.

SPEECH THERAPY

This report has been compiled from notes supplied by the senior speech therapist, Mrs. M. G. Venum.

During most of the year there were three speech therapists working in the county, but in September a fourth appointment was made, bringing the service up to full strength and enabling substantially more work to be undertaken. At the same time a scheme was introduced whereby two of the therapists, Miss S. A. R. Bruce and Miss J. French, were given part-time appointments in the Kettering Hospital Group. This arrangement offers the advantage of closer co-operation between the local authority and the hospital service and also provides the therapists with experience of adult patients, which they would not otherwise obtain.

Table A shows the places where the therapists work. The premises at Kettering, Wellingborough, Rushden and Oundle are satisfactory. At Northampton the speech clinic in County

Hall can be held only by evacuating a room normally used for other purposes, whilst at Corby the accommodation in the ambulance station is not satisfactory, but this will be corrected in due course when a new central health clinic is built. It has not so far proved possible to hold speech therapy sessions in the mobile clinic as these require to be weekly whereas, in order to cover the county, the mobile clinic spends each week of the month in a different area.

Table B shows the work carried out during the year and represents a substantial increase in the number of patients who have been seen. It is hoped that in future years it will be possible to supply figures indicating the types of speech defect being treated and the distribution of these defects in the school population. Miss French remarks upon the high incidence of stammer in the Corby area and wonders whether this can be symptomatic of the adjustment which families have to make on settling down in a new environment.

TABLE A

<i>Speech Therapist</i>	<i>Clinics</i>	<i>Schools in :</i>	<i>Special Schools</i>	<i>Hospitals</i>
Miss Bruce	Stockburn Memorial Home, Kettering	Kettering Barton Seagrave Burton Latimer Rothwell	Kingsley Special School	Wellingborough Park Hospital* The Hayway, Rushden*
Miss French	Ambulance Station, Corby	Corby	Loddington Hall Special School	Diagnostic Centre, Corby*
Mrs. Gilby	County Hall, Northampton	Brixworth area Daventry area parts of Towcester area		
Mrs. Venum	Oxford Street Clinic, Wellingborough Rectory Road Clinic, Rushden Glaphorn Road Hospital, Oundle	Irthlingborough Earls Barton Croyland Road School, Wellingborough Oundle and Thrapston Rural District		
Mrs. Wilson		Brackley area part of Towcester area		

* pre-school and adult patients treated.

TABLE B

Number of attendances	...	...	...	...	7,185
Number of patients admitted	...	...	...	...	469
Number of patients discharged...	...	...	...	...	257
Number of patients left district	...	...	...	...	25
Number of patients under treatment on December 31st	...	...	...	...	435
Number of patients deferred	...	...	...	...	118
Number of patients on waiting lists	...	...	...	...	38
Number of patients on register on December 31st	...	...	...	...	553
Number of patients treated during year	...	...	...	...	835

DENTAL HEALTH

Report by P. W. GIBSON, L.D.S., Chief Dental Officer

Once again the picture of the County Dental Service is dominated by fluctuations in the number of staff available to give treatment to children of school age. During the year two officers employed on a sessional basis have resigned, but a replacement for one was found in August. In addition, one full-time officer was promoted Chief Dental Officer to the Isle of Ely County Council and no full-time replacement for him has become available despite repeated advertisements. The familiar difficulties in obtaining full-time dental officers for local authority services must regretfully be accepted. Only a small proportion of newly qualified dental surgeons are either suited for, or are willing to undertake, full-time service in the treatment of children. Such service demands a high order of patience on the part of the dental surgeon, and the type of clinical treatment necessary for the everyday care of children's teeth differs in scope and context from the wide fields available to the general dental practitioner. In addition, considerable frustration is often felt by the school dental officer at the time of a child leaving school—one who has for some years previously been carefully treated in the clinic and who thereafter becomes the responsibility of the National Health Service.

The demand for treatment continues to grow and, owing to the reduced manpower available it is becoming increasingly difficult, in certain parts of the county, to keep up the required volume of routine treatment as well as to cope with constant requests for periodic supervision and the treatment of urgent cases. It is significant that, despite the reduction in staff over the year, which has produced a correspondingly lower output in the treatment of schoolchildren, the number of children under five years of age who have requested treatment has increased, following the pattern of recent years. One is thankful for the enlightened attitude of the County Council on the question of fluoridation of public water supplies, a measure which, of itself, could in due course render the demands placed upon the dental service less arduous.

Further reference to the County Dental Service is made in Part I of "The Health of Northamptonshire in 1962".

In conclusion I should like to offer my thanks to the dental officers, nurses, and clerical staff who have rendered helpful service during the year, and to Drs. Lilly and Maxim for their assistance with general anaesthetics.

CHILD GUIDANCE SERVICE

Report by DR. K. STEWART, Consultant Psychiatrist

In March, 1962, I took up the post of full-time consultant psychiatrist to the Joint Child Guidance Service of Northamptonshire County Council and Northampton County Borough. Since then, Dr. P. H. Rogers has gradually reduced the number of sessions he does in the Child Guidance Service and is now doing two sessions per week in the Northampton Clinic only. The total weekly number of psychiatric sessions has, therefore, increased only from seven to nine.

Mrs. M. Llewellyn left to undertake a psychiatric social worker course in London. The clinic is left, therefore, with one full-time social worker. Mr. E. S. Dallal joined us as assistant education psychologist. The two psychologists are shared with the School Psychological Service and spend about one third of their time in direct clinic work. Because of this, their work in the clinic is limited to routine testing and liaison with the schools. Valuable though this is, much more work is necessary in the psychological field in the clinic and it is hoped that at least one more psychologist will be obtained in the coming year. This will bring the work of the psychologists in the Child Guidance Service to the equivalent of one whole time.

Statistics. The number of County cases referred during the year has increased by almost 35%. As a result the number of cases waiting to be seen at the end of the year represented an increase of more than 63% on that of the previous year, despite the greater number of cases seen during the year.

Difficulty is still experienced in finding suitable places for emotionally disturbed children who need to be away from home. The two hostels in this area have not sufficient places for the cases needing hostel treatment. There are no schools for maladjusted children in the area and it is extremely difficult to obtain admission to those in other areas.

A small start has been made on the educational work which is of major importance in the preventive aspect of child guidance. Regular, though as yet infrequent, sessions are spent in discussions with health visitors and midwives on problems they meet in their work and on how they can carry out preventive mental health work.

I should like to acknowledge the willing and loyal co-operation of the clinic staff in carrying a load so great in proportion to their number.

SCHOOLS MEALS SERVICE AND THE MILK IN SCHOOLS SCHEME

The Chief Education Officer has kindly supplied the following figures relating to the school milk and meals service :

Routine work

School Meals Service

	<i>October, 1962</i>	<i>October, 1961</i>
Number of Canteens and Dining Centres	213	209
Numbers of Primary and Secondary school children taking midday meal daily	18,715	18,105
Percentage of Primary and Secondary school children present in school taking meal	43.99%	40.43%

Milk in Schools Scheme

Percentage of children taking milk :		
Primary and Secondary Schools	82.61%	81.89%
Nursery Schools	100%	100%

Special Diets. It is with pleasure that I acknowledge the co-operation given by the School Meals Organiser and her staff in dealing with children who require modification of school meals in order to meet special dietary needs. This particularly applies to diabetic children, where a suitably modified school meal helps to maintain their diabetic balance and also serves as a valuable education for their future lives. Such children receive a modified main course and a substitute for the sweet course at lunch time, and in some circumstances arrangements have also been made for them to receive snacks during the morning or afternoon. By these means they are able to live healthy and active diabetic lives while at school.

TABLE I
Periodic Medical Inspections

<i>Age Groups Inspected (By year of birth)</i>	<i>No. of Pupils Inspected</i>	<i>Physical Condition of Pupils Inspected</i>			
		<i>Satisfactory</i>		<i>Unsatisfactory</i>	
		<i>No.</i>	<i>% of Col. 2</i>	<i>No.</i>	<i>% of Col. 2</i>
		(3)	(4)	(5)	(6)
1958 and later	123	123	100	—	—
1957	990	989	99.89	1	0.11
1956	1890	1884	99.68	6	0.32
1955	501	501	100	—	—
1954	312	311	99.68	1	0.32
1953	300	300	100	—	—
1952	484	484	100	—	—
1951	1870	1864	99.68	6	0.32
1950	263	263	100	—	—
1949	492	486	98.78	6	1.22
1948	2325	2315	99.57	10	0.43
1947 and earlier... ..	2476	2471	99.79	5	0.21
Total ...	12026	11991	99.71	35	0.29

TABLE II
Other Inspections

A special inspection is one that is carried out at the special request of a parent, doctor, nurse, teacher or other person.

A re-inspection is an inspection arising out of one of the periodic medical inspections or special inspections earlier in the year.

Number of Special Inspections	...	...	...	3,182
Number of Re-inspections	...	...	...	6
Total	...			3,188

TABLE III
Return of Defects found by Medical Inspection
Periodic Inspections

Defect Code No. (1)	Defect or Disease (2)	Entrants		Leavers		Others		Total	
		(T) (3)	(O) (4)	(T) (5)	(O) (6)	(T) (7)	(O) (8)	(T) (9)	(O) (10)
4	Skin	20	50	38	53	27	61	85	164
5	Eyes—(a) Vision	152	219	221	89	229	145	602	453
	(b) Squint	25	18	10	13	11	4	46	35
	(c) Other	3	5	4	6	4	5	11	16
6	Ears—(a) Hearing	9	35	1	12	4	16	14	63
	(b) Otitis Media	8	65	2	14	3	24	13	103
	(c) Other	2	12	2	4	8	9	12	25
7	Nose and Throat	57	606	41	73	39	191	137	870
8	Speech... ..	50	45	5	11	12	20	67	76
9	Lymphatic Glands	1	173	—	13	—	65	1	251
10	Heart	2	61	4	28	10	51	16	140
11	Lungs	15	101	3	43	6	69	24	213
12	Developmental—								
	(a) Hernia	6	11	3	2	4	6	13	19
	(b) Other	10	113	13	14	26	66	49	193
13	Orthopædic—								
	(a) Posture	5	56	23	27	17	77	45	160
	(b) Feet	39	86	23	50	40	58	102	194
	(c) Other	19	137	49	108	13	101	81	346
14	Nervous system—								
	(a) Epilepsy	1	4	1	4	—	8	2	16
	(b) Other	3	32	2	8	7	23	12	63
15	Psychological—								
	(a) Development	5	50	2	30	8	49	15	129
	(b) Stability	12	27	2	18	10	25	24	70
16	Abdomen	2	18	1	5	2	15	5	38
17	Other	3	—	9	—	—	1	12	1

T=Requiring treatment, or already under treatment.

O=To be kept under observation.

TABLE IV
Return of Defects found by Medical Inspection
Special Inspections

<i>Defect Code No.</i>	<i>Defect or Disease</i>	<i>Special Inspections</i>	
		<i>Pupils requiring Treatment</i>	<i>Pupils requiring Observation</i>
4	Skin	4	47
5	Eyes—(a) Vision	122	121
	(b) Squint	10	21
	(c) Other	4	15
6	Ears—(a) Hearing	4	28
	(b) Otitis Media	1	31
	(c) Other	3	8
7	Nose and Throat	67	255
8	Speech... ..	19	34
9	Lymphatic Glands	—	87
10	Heart	4	70
11	Lungs	6	92
12	Developmental—		
	(a) Hernia	3	10
	(b) Other	18	115
13	Orthopædic—		
	(a) Posture	17	60
	(b) Feet	46	87
	(c) Other	7	94
14	Nervous system—		
	(a) Epilepsy	2	11
	(b) Other	1	30
15	Psychological—		
	(a) Development	25	63
	(b) Stability	4	41
16	Abdomen	1	14
17	Other	1	3

TABLE V

Pupils found to require treatment at Periodic Medical Inspections

(including those already receiving treatment, but excluding dental diseases and infestation with vermin)

<i>Age Groups Inspected (By year of birth)</i> (1)	<i>For defective vision (excluding squint)</i> (2)	<i>For any of the other conditions recorded in Table III</i> (3)	<i>Total individual pupils</i> (4)
1958 and later ...	2	17	19
1957	37	80	111
1956	96	130	208
1955	17	34	48
1954	17	17	33
1953	13	15	28
1952	22	34	55
1951	83	99	176
1950	54	51	105
1949	40	23	59
1948	110	142	247
1947 and earlier...	111	82	190
Total	602	724	1279

TABLE VI

Handicapped Pupils requiring Education at Special Schools or Boarding in Boarding Homes

(From Chief Education Officer's Return to Ministry of Education)

During the calendar year ended 31st December, 1962	(1) Blind (2) Partially sighted		(3) Deaf (4) Partially hearing		(5) Physically Handicapped (6) Delicate		(7) Maladjusted (8) Educationally sub-normal		(9) Epilep- tic	(10) Speech Defects	TOTAL Cols. 1-10
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
A. How many handicapped pupils were newly assessed as needing special educational treatment at special schools or in boarding homes? ...	—	1	1	—	10	10	27	98	2	—	149
B. (i) of the children included at A, how many were newly placed in special schools (other than hospital special schools) or boarding homes? ...	—	—	—	—	8	9	10	17	2	—	46
(ii) of the children assessed prior to 1st January, 1962, how many were newly placed in special schools (other than hospital special schools) or boarding homes? ...	1	2	—	4	1	—	8	32	—	—	48
Total (B(i) and B(ii)) ...	1	2	—	4	9	9	18	49	2	—	94

On or about 20th January, 1963, how many handicapped pupils from the Authority's area—

C. (i) were requiring places in special schools—											
(a) day ...	—	—	—	—	1	1	—	91	—	—	93
(b) boarding ...	—	—	—	1	1	—	5	134	—	1	142
(ii) included at (i) had not reached the age of 5 and were awaiting (a) day places ...	—	—	—	—	—	—	—	—	—	—	—
(b) boarding places ...	—	—	—	1	—	—	—	—	—	—	1
(iii) included at (i) who had reached the age of 5, but whose parents had refused consent to their admission to a special school, were awaiting—											
(a) day places ...	—	—	—	—	—	—	—	13	—	—	13
(b) boarding places ...	—	—	—	—	—	—	1	33	—	—	34
D. (i) were on the registers of											
1. maintained special schools as,											
(a) day pupils ...	—	—	—	—	21	22	—	119	—	—	162
(b) boarding pupils ...	—	9	1	4	2	—	4	60	—	—	80
2. non-maintained special schools as,											
(a) day pupils ...	—	—	—	—	—	—	—	—	—	—	—
(b) boarding pupils ...	6	6	11	2	4	7	5	5	2	1	49
Total ...	6	15	12	6	27	29	9	184	2	1	291
(ii) were on the registers of independent schools under arrangements made by the Authority	—	—	—	—	3	—	4	1	—	—	8
(iii) were boarded in homes and not already included under (i) and (ii) above ...	—	—	—	—	1	—	24	—	—	—	25
Total (D(i), (ii) and (iii)) ...	6	15	12	6	31	29	37	185	2	1	324
E. On or about 20th January, 1963, how many handicapped pupils (irrespective of the areas to which they belong) were being educated under arrangements made by the Authority in accordance with Section 56 of the Education Act, 1944											
(i) in hospitals ...	—	—	—	—	—	—	—	—	—	—	—
(ii) in other groups (e.g. units for spastics, convalescent homes)	—	—	—	—	—	—	—	—	—	—	—
(iii) at home ...	—	—	—	—	9	—	—	1	—	—	10

TABLE VII
School Eye Clinics

<i>Centre</i>		<i>No. Clinic Sessions Held</i>	<i>No. Old Cases</i>	<i>No. New Cases</i>	<i>Total Seen</i>
Corby Nuffield Diagnostic Centre	...	78	306	163	469
Daventry Secondary School	...	15	94	51	145
Kettering Stockburn Memorial Home (January to end of April)	...	14	180	64	244
Kettering School Lane Clinic (May to end of December)	...	27	335	109	444
Northampton Guildhall Road Clinic	...	39	250	121	371
Rushden Memorial Hospital	...	24	337	70	407
Towcester Secondary School	...	8	65	18	83
Wellingborough Oxford Street Clinic	...	34	308	66	374
<hr/>					
		239	1875	662	2537
Brackley Cottage Hospital	...	8	41	17	58
Banbury Horton General Hospital	...	10	23	6	29
<hr/>					
		257	1939	685	2624
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TABLE VIII
Eye Diseases, defective vision and squint

	<i>Number of cases known to have been dealt with</i>
External and other, excluding errors of refraction and squint	1
Errors of refraction (including squint)	2624
<hr/>	
Total	2625
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Number of pupils for whom spectacles were pre- scribed	1266

TABLE IX
Orthopaedic and postural defects

	<i>Number of cases known to have been treated</i>
(a) Pupils treated at clinics or out-patient depart- ments	875
(b) Pupils treated at school for postural defects ...	44
<hr/>	
Total	919
<hr/>	

TABLE X
Diseases and defects of ear, nose and throat

	<i>Number of cases known to have been dealt with</i>
Received operative treatment	
(a) for diseases of the ear	—
(b) for adenoids and chronic tonsillitis ...	570
(c) for other nose and throat conditions ...	—
Received other forms of treatment	—
Total	570
Total number of pupils in schools who are known to have been provided with hearing aids	
(a) in 1962	5
(b) in previous years	14

TABLE XI
Infestation with Vermin

(i) Total number of individual examinations of pupils in schools by the school nurses or other authorised persons	23,774
(ii) Total number of individual pupils found to be infested	281
(iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	Nil
(iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	Nil

TABLE XII
Diseases of the Skin

(Excluding uncleanliness, for which see Table XI)

	<i>Number of cases known to have been treated</i>
Ringworm—(i) Scalp	—
(ii) Body	1
Scabies	—
Impetigo	—
Other skin diseases	11
Total	12

TABLE XIII

Dental Inspection and Treatment

(a) Dental and Orthodontic work :									
(1) Number of pupils inspected by the Authority's Dental Officers :									
(i)	At Periodic Inspections	...	...	...	...	...	...	...	19759
(ii)	As Specials	...	...	...	...	...	...	...	2552
								Total (1)	22311
(2) Number found to require treatment ... 15100									
(3) Number offered treatment ... 11419									
(4) Number actually treated ... 6938									
(b) Dental work (other than orthodontics) (NOTE : Figures relating to orthodontics should not be included in Section (b))									
(1) Number of attendances made by pupils for treatment, excluding those recorded at (c) (i) below ... 17273									
(2) Half days devoted to : (i) Periodic (School) Inspection ... 169									
(ii) Treatment ... 2737									
								Total (2)	2906
(3) Fillings : (i) Permanent Teeth ... 9486									
(ii) Temporary Teeth ... 2041									
								Total (3)	11527
(4) Number of teeth filled : (i) Permanent Teeth ... 8321									
(ii) Temporary Teeth ... 1769									
								Total (4)	10090
(5) Extractions : (i) Permanent Teeth ... 2906									
(ii) Temporary Teeth ... 6155									
								Total (5)	9061
(6) Administration of general anæsthetics for extraction ... 3981									
(7) Number of pupils supplied with artificial teeth ... 85									
(8) Other operations : (i) Permanent Teeth ... 3044									
(ii) Temporary Teeth ... 2380									
								Total (8)	5424
(c) Orthodontics:									
(i) Number of attendances made by pupils for orthodontic treatment ... 1941									
(ii) Half days devoted to orthodontic treatment ... 245									
(iii) Cases commenced during the year ... 248									
(iv) Cases brought forward from the previous year... 166									
(v) Cases completed during the year ... 105									
(vi) Cases discontinued during the year ... 24									
(vii) Number of pupils treated by means of appliances ... 272									
(viii) Number of removable appliances fitted ... 259									
(ix) Number of fixed appliances fitted ... 13									

TABLE XIV
Child Guidance Clinic

	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
No. of cases referred during year	126	61	187
No. of cases waiting to be seen on January 1st, 1962	10	12	22
No. of cases seen by Psychologist and Psychiatrist	55	39	94
No. of cases seen by Psychiatrist only (including cases referred by Psychologist)	28	17	45
No. of cases seen by Psychologist only	3	1	4
No. of cases not seen	25	5	30
No. of cases waiting to be seen on December 31st, 1962	25	11	36
Cases under psychotherapeutical treatment on January 1st, 1962	90	35	125
New cases taken on for psychotherapeutical treatment during year	53	36	89
No. under psychotherapeutical treatment on December 31st, 1962	92	46	138
Psychotherapeutical cases discharged during year	51	25	76
Cases waiting psychotherapeutical treatment on December 31st, 1962	—	—	—
REFERRED BY :			
Parents	17	9	26
Head Teachers	11	7	18
School Medical Officers	23	6	29
Chief Education Officers	6	2	8
Family Doctors	24	19	43
Hospital Consultants	10	5	15
Health Visitors	3	3	6
Children's Officers.....	7	2	9
Magistrates and Probation Officers	13	4	17
Others	12	4	16
REFERRED FOR :			
Nervous Disorders	13	8	21
Habit Disorders.....	27	9	36
Behaviour Disorders	86	44	130
Organic Disorders	—	—	—
Psychotic Disorders	—	—	—
No. of children discharged from Holyrood Hostel during year			8
No. of children admitted to Holyrood Hostel			11
No. of children removed by parents			—
No. of children discharged from Rostrevor Hostel during year			3
No. of children admitted to Rostrevor Hostel			4
No. of children removed by parents			1
No. of children in Residential Schools for Maladjusted Children			7

CLINICS ATTENDED BY SCHOOL CHILDREN

DENTAL

Corby—Pen Green Lane
 Kettering—Stockburn Memorial Home
 Northampton—Guildhall Road
 Rushden—Rectory Road
 Wellingborough—Oxford Street

REFRACTIONS

Corby—Diagnostic Centre
 Kettering—School Lane
 Northampton—Guildhall Road
 Rushden—Memorial Hospital
 Wellingborough—Oxford Street
 Daventry—Secondary School
 Towcester—Secondary School

VACCINATION AND IMMUNISATION

Corby—Pen Green Lane
 Kettering—School Lane
 Northampton—Guildhall Road
 Rushden—Rectory Road
 Wellingborough—Oxford Street

CHILD GUIDANCE

Kettering—School Lane
 Northampton—28, Billing Road
 Wellingborough—Oxford Street
 Corby—Pen Green Lane

EAR, NOSE AND THROAT

Corby—Diagnostic Centre
 Kettering—General Hospital
 Northampton—General Hospital
 Rushden—Memorial Hospital

SPEECH THERAPY

See Table A, page 11

SCHOOL CLINICS

The Authority's mobile medical and two mobile dental clinics are used in certain parts of the County.

